10/053 450

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 13053450
5100.21

			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			/3					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/3 minus 20=		· Ø,			X\$ 9=	<b>_</b>	OR	X\$18=	
IND	EPENDENT CL	AIMS	ي mir	nus 3 =	' g	φ		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	370	OR	TOTAL		
CLAIMS AS AMENDED - PART II										ı	OTHER	THAN
		(Column 1) CLAIMS	(Column 2)			(Column 3)	٠.	SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus ***  ULTIPLE DEPENDEN		T CL AIM	=		X42=		OR	X84=	
	ha <u>a 13 18 18 18 18 18 18 18 18 18 18 18 18 18 </u>	5-10-04	OCTIT EL DEF	LNOLIV	COANG		, ,	+140=		OR	+280=	
	K							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	To 1 10 10 10 10 10 10 10 10 10 10 10 10 1		ımn 2) HEST	(Column 3)	١.					
AMENDMENT B		REMAINING AFTER AMENDMENT	: 	NUM PREV	MBER NOUSLY DFOR	PRESENT EXTRA		. RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 7	Minus	** &	20	= /		X\$ 9=		OR	X\$18≃	
AME	Independent	NTATION OF M	Minus	***	3 TCLAIM	= /		X42=		OR	X84=	
			OCTIVE EL DET	LINDEIN	OB AIM	/	J	+140=		OR	+280=	
	·							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								ADDII. I EE I		•	AUUII. FEE	
AMENDMENT C	1	CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≃		OR	X\$18=	
AME	Independent	*	Minus	***	2	=		X42=		OR	X84=	
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280≃	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR	TOTAL ADDIT. FEE	
	The *Highest Nur	nber Previously Pa	aid For" (Total or	r Indepen	dent) is the	highest number	er fo	und in the app	propriate bo	x in co	lumn 1.	